

Frequently Asked Questions about Submitting Data to the Diabetes Prevention Recognition Program

Q1. When uploading the evaluation data file on the website, whose email address should be entered?

A1. When you applied for recognition, you had the option to enter email addresses for primary and secondary contacts and a data preparer. When you upload data, the CDC system only recognizes the e-mail addresses we have on file. One of the addresses that you provided should be used for the data upload.

Q2. Our organization works with an external data preparer. How do we send data but still ensure we get important information from the DPRP team?

A2. Your organization must identify a primary contact person. The primary contact will receive all reports and important communications.

Q3. Our contact person (or designated data preparer) has changed. What should I do?

A3. Before submitting data make sure your contacts are up to date. To update your contact information, send an email to dprpAsk@cdc.gov. Please include your organization name and organization code in the subject line.

Q4. If we sent in an 18 month evaluation data file in 2014, do we send a 24 month data file in 2015?

A4. Yes, if your last submission was a 6, 18, or 30 month submission, then you will send a 12, 24, or 36 month submission in 2015.

Q5. We often do a make-up session immediately before or after a regular session. How should this be coded?

A5. Only one session per date should be submitted for each participant. Submissions under the 2015 DPRP Standards do not include session id or session type and therefore do not distinguish regular sessions and make-up sessions. While a make-up session may be held on the same day as a regular class, only one session will be counted for that date.

Q6. Can a participant have more than one qualifying condition indicated for the prediabetes determination variables (GLUCTEST, GDM, and RISKTEST)? For example a person might have an A1C in the prediabetes range and also have a history of gestational diabetes.

A6. A participant's record may indicate one, two, or all three of the qualifying conditions. Participants who do not have any qualifying condition are considered ineligible for the program.

Q7. With regards to physical activity minutes, the 2015 data dictionary no longer contains a 998 code for "monitoring not begun in curriculum". During weeks 1-5, should we enter 999?

A7. If physical activity is not recorded for any reason, '999' should be used. If participants report their physical activity minutes during the first five sessions of the program, then the actual values should be recorded.

Q8. How is physical activity evaluated differently in the new standards?

A8. To adjust for dropping the "998" code that was used in the 2011 standards for "monitoring not begun in curriculum", an organization meets the physical activity standard for full recognition when physical activity minutes have been recorded for 60% or more of all sessions attended.

Q9. Should we record the age of the participant when they were enrolled or the age they are at each individual session date?

A9. You should record the participant's age at the time they were enrolled.

Q10. If data are submitted using the 2011 format, will attendance and weight loss be evaluated under the new (2015) DPRP Standards? Will attendance records need to include at least 1 session per month during months 7-12?

A10. A transitioning organization that is submitting data using the 2011 variables will be able to achieve full recognition under either the 2011 requirements or the 2015 requirements through 12/31/2015. As the 2011 DPRP Standards do require that post-core sessions be held at least once per month, attendance records should reflect that the program offered monthly sessions during months 7-12.

Q11. Does it matter if we don't really do a full 12 months? If we do once a week meetings for 16 weeks (about 4 months) and then once a month for 6 months, that is only about 10 months.

A11. Yes, it matters. Recognized organizations are expected to deliver a 12 month lifestyle intervention. We acknowledge that the length of the program may be daunting for some organizations and other diabetes prevention programs may be effective in their own right. Our program strives to adhere to the science which shows the maximum benefit to participants. DPRP will continue to recognize only one-year-long interventions. Under the 2015 DPRP Standards, organizations must have an average session attendance in months 1-6 of 9 and an average session attendance of 3 monthly sessions in months 7-12. At least one session per month must be held in each of months 7-12.

Q12. With the old standards, our program is operating with the 16 core sessions and 6 post-core sessions, but currently roughly 4 sessions occur during months 7-12. With the switch from core/post-core in the 2015 standards, is it better to include more than 22 sessions? Or have the sessions in months 7-12 spaced further than 1 month?

A12. Recognized programs must offer at least one session in each of months 7-12 (for a minimum of six sessions). Organizations wishing to offer more sessions (going beyond the

minimum requirement of one session each month) are encouraged to do so as this may be beneficial to participants needing additional support.

Q13. We have two lifestyle coaches who run different classes concurrently. We are concerned this may affect the data as the only identifying information will be the date and we will have multiple different classes on the same date.

A13. The session date is not the only information that identifies a session attendance record. Each record is uniquely identified by the combination of session date and participant id. So long as no more than one record per date is submitted for each participant, your organization's data will be analyzed without issue.

Q14. Once our program achieves full recognition, how often do we need to start a new class to maintain our recognition?

A14. Once you have achieved full recognition, you will continue to send data and be re-evaluated every 12 months. An organization that does not report attendance during any 12-month period will lose recognition and may be required to wait 12 months before re-applying.

Q15. Are people who drop out after attending just one or two sessions counted in the data?

A15. Only participants who attend 4 or more sessions throughout the 12 month program are included in the evaluation for full recognition. However, you should submit all records for participants who attend one or more sessions.

Q16. For re-enrolled participants after 12 month program completion, can we use the same participant ID?

A16. Only 12 months of data for any one participant ID will be included in the analysis. You should use a new participant ID for a participant who enrolls for a second time.

Q17. Our organization was approved under the 2011 Standards, but we plan to begin class later than 6 months after our effective date. Should we send data on our anniversary date even if we do not have 6 months' worth of data?

A17. For transitioning organizations that were approved under the 2011 DPRP Standards, data must be submitted during the anniversary month of the effective date, even if it is only for one session. An organization that has not started classes by their anniversary date will lose recognition but may reapply without penalty. If you know that you will not be able to start classes before your effective date, you should withdraw and reapply closer to the time you will start classes.

Q18. Are we allowed to qualify participants using a finger prick test?

A18. Yes, a finger prick glucose test may be used to determine participant eligibility. A fasting test, whether finger prick or venipuncture, is recommended.

Q19. Should weight be rounded to the nearest whole number?

A19. Yes, body weight should be rounded to the nearest whole pound.

Q20. Will a different curriculum be used with virtual or online programs than the one that is currently being used in face-to-face sessions?

A20. Virtual or online programs must use the CDC preferred curriculum or other approved curriculum. Virtual or online programs and curricula must adhere to the same DPRP Standards as programs that are delivered in person.

Q21. I have completed the DPRP Capacity Assessment, but I am not sure whether my organization is ready to apply for recognition. What should I consider?

A21. Assessing your organization's capacity will identify areas that may need to be enhanced, prior to applying for CDC DPRP recognition, to ensure the organization is able to sustain the program long term. For each Capacity Topic with a "No" or "Unsure" consider:

- **Working with your organization's leadership to enhance the Organizational Capacity Topic to enable your organization to check "Yes" to the capacity assessment question.**
- **Partnering with an existing DPRP recognized organization in your community.**